



Rollover Form

401(a) account only

1. Participant Information *To be completed by participant*

Name _____ Social Security # _____

Work Phone Number _____ Home Phone Number _____

Roll my previous account into my State of Iowa 401(a) Employer Match account with:

_____ AIG VALIC _____ ING Financial Advisers

_____ Hartford Life _____ Nationwide Retirement

*It is your responsibility to open a 401(a) account with one of the State's 4 active providers before requesting this rollover.***2. Previous Plan Information** *To be completed by previous plan*

Type of Plan: _____ IRA _____ 401(k)
 -Traditional, Rollover, Simple
 _____ 401(a) _____ 403(b)
 _____ 403(a) _____ SEP
 _____ Other qualified plan _____

Previous Employer Name (if applicable) _____

Account Number _____ Approximate value of roll _____

Authorized Plan Administrator/Trustee/Custodian for previous plan

I am the Plan Administrator or Trustee for the previous plan named on this form. I affirm that the plan is eligible to make this direct rollover.

Signature _____ Date _____

Printed Name _____ Phone # _____

Company Name _____ Fax # _____

Address _____

City, State, Zip Code _____

3. Participant Signature

I understand and agree to the terms and conditions of the Retirement Investors' Club. I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. I understand my transferred funds will be subject to the rules and restrictions of the 401(a) Employer Match account.

Signature _____

Date _____

Please return this form to:

Iowa Department of Administrative Services
Retirement Investors' Club
Hoover State Office Building
1305 E Walnut, Level A
Des Moines, IA 50319
515-281-8677

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